LF _____

CF _____

0026491 B

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT NAME — First: WALTER — Middle: W. — Last: HERBERT
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): August 2, 1978
4. RACE: White
5a. AGE (Last Birthday) (Yrs.): 77
5b. UNDER 1 YEAR — MOS. — DAYS:
5c. UNDER 1 DAY — HOURS — MINS.:
6. DATE OF BIRTH (Mo., Day, Yr.): June 14, 1901
7a. COUNTY OF DEATH: Wayne
7b. LOCATION OF DEATH (Check one and specify): [X] INSIDE CITY LIMITS OF: Allen Park; [ ] INSIDE VILLAGE LIMITS OF; [ ] TWP. OF:
7c. HOSPITAL OR OTHER INSTITUTION — Name (If not in either, give street and number): Allen Park Convalescent Home
8. STATE OF BIRTH (If not in U.S.A. name country): Michigan
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): --
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 372-01-1313
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
14b. KIND OF BUSINESS OR INDUSTRY: Automotive
15. CURRENT RESIDENCE — STATE: Michigan
15b. COUNTY: Wayne
15c. LOCALITY (Check one and specify): [X] INSIDE CITY LIMITS OF: Dearborn Heights; [ ] INSIDE VILLAGE LIMITS OF; [ ] TWP. OF:
15d. STREET AND NUMBER: 3918 Academy

PARENTS

16. FATHER-NAME — First: William — Middle: — Last: Herbert
17. MOTHER-MAIDEN NAME — First: Ida — Middle: — Last: Korneffel

INFORMANT

18a. (Signature): Eleanor L Richards
18b. MAILING ADDRESS — Street or R.F.D. No.: 9438 Mortenview — City or Town: Taylor — State: MI — Zip: 48180

CAUSE OF DEATH

19. IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
PART I
(a) HEART FAILURE — Interval between onset and death: IMS 7 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(b) SEE (c) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) MALIGNANT MESOTHELIOMA, METASTATIC — Interval between onset and death: 8 MONTHS

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I: NONE
20. AUTOPSY (Specify Yes or No): No
21. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): No

CERTIFIER

22a. PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify): Nursing Home
22b. IF HOSP. OR INST., INDICATE DOA, OP/Emerg. Rm., Inpatient (Specify): Inpatient
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.
(Signature and Title): George J. Schmidt MD
23b. DATE SIGNED (Mo., Day, Yr.): August 8, 1978
23c. HOUR OF DEATH: M
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CERTIFYING PHYSICIAN

24a. [ ] This case reviewed and determined not to be a medical examiner's case
[ ] On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title):
24b. DATE SIGNED (Mo., Day, Yr.):
24c. HOUR OF DEATH: M
24d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
24e. PRONOUNCED DEAD (Hour) AT: M

MEDICAL EXAMINER

25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print): George J. Schmidt, M. D. 7106 Park Avenue Allen Park, MI 48101

DISPOSITION

26a. MANNER (Accident, Suicide, Homicide, Natural, or Pending Invest.) (Specify):
26b. DATE OF INJURY (Mo., Day, Yr.):
26c. HOUR OF INJURY:
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or No):
26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):
26g. LOCATION — Street or R.F.D. No. — City, Village, or Township — State:
27a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
27b. CEMETERY OR CREMATORY — NAME: Forest Lawn Cemetery
27c. LOCATION — City, Village, or Township — State: Detroit Michigan
27d. DATE (Mo., Day, Yr.): August 10, 1978
28a. NAME OF FACILITY: Querfeld Funeral Home, Inc.
28b. ADDRESS OF FACILITY: 1200 Oakwood, Dearborn, MI 48124
28c. FUNERAL SERVICE LICENSEE (Signature): William A. Querfeld
29a. REGISTRAR (Signature): Bernice Weiss D.H.
29b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): August 9, 1978

B-36b (1/78)

I, Bernice Weiss, City Clerk of the City of Allen Park in said county and state, do hereby certify that the above is a true copy of the record on file in the City Clerk's office attested by the raised seal of the City of Allen Park.

Bernice Weiss
Bernice Weiss
City Clerk

DTKR 0000207
Produced Subject Protective Order by Ford Motor Company

MESOTHELOMA FILE

CARD COL.	SOCIAL SECURITY NO.	SEX CD	RACE CD	EMPLOYE NAME	F M I	BIRTH DATE Y M D	FORD SERVICE DATE Y M D	HOME ADDRESS (ZIP)	TYPE	PLANT SENIORITY DATE Y M D	PLANT CODE	EFFECTIVE DATE Y M D	SHIFT	SEX	DEPT.	CLASS./OCC.	ROLL STATUS
1	372011313	C	A	HERBERT	W	01 06	1909 12	Dearborn Heights	1	19 09 12	2501			H	203 RN	Math Handler	
2												2007 10				Twin O.D. thread	
3												2604 17			N140		
4												2511 11				Co; 4 Taper	
5										→ Hourly		2702 15			Fordson	plant	
6												2710 17			N31 E RM		
7												3701 05				OILER	
8												4103 22				Oil House Oper	
9												4105 05			RM		
0												4204 15			N338	Crane oper	
1												4205 06			N315	Oil House oper	
2												4205 07			N738	Electrician	
3												4304 22			707	Gen Electrician	
4												4405 20			315	OILER	
5												4411 02			7070	Electrician	
6												4505 12			M707	"	
7												4506 14			N709	Gen El. Repr	
8												4602 15				Oil House Oper	
9												5002 10				Electrician	
0								BLAST Furnace				5601 15			1721		
1										FRAME T+D	1820	5804 07			5245	"	
2										B.F		5705 13			7230	"	
3												5806 16			1721	"	
4																	
5																	
6																	
7																	
8																	
9																	
0												6307 31			VOL RETIREMENT		

PROBLEM _____ PROGRAMMER _____ DATE _____ PAGE _____ OF _____

8083

...ERT WALTER	WALTER	372-01-4313	1-10-61
...RENCE HERBERT 14530 So. TELEGRAPH		WH1-1068	6-14-1901
			59

Age	State of Health	If Dead—Cause of Death	Age at Death	Relation	Age	State of Health	If Dead—Cause of Death
58		NATURAL	58	Wife	59	ARTHRITIS	
61		NATURAL	61				
				Children			
1	girl						

	Yes	No	Relation		Yes	No	Relation
		X		High blood pressure		X	
		X		Asthma, hay fever or hives		X	
		X		Mental illness		X	

	Yes	No		Yes	No		Yes	No
		X	Epilepsy		X	Palpitation or pounding heart		X
	X		Excessive worry or depression		X	Recent gain or loss of weight		X
		X	Foot trouble		X	Rheumatic fever		X
		X	Frequent or severe indigestion		X	Rheumatism or arthritis		X
		X	Heart trouble		X	Rupture		X
		X	Hay fever		X	Running ears		X
		X	Frequent or severe headaches		X			X
		X	High blood pressure		X	Scarlet fever		X
		X			X			X
		X	Kidney stone or blood in urine		X			X
		X			X			X
		X			X			X
		X			X			
		X			X			

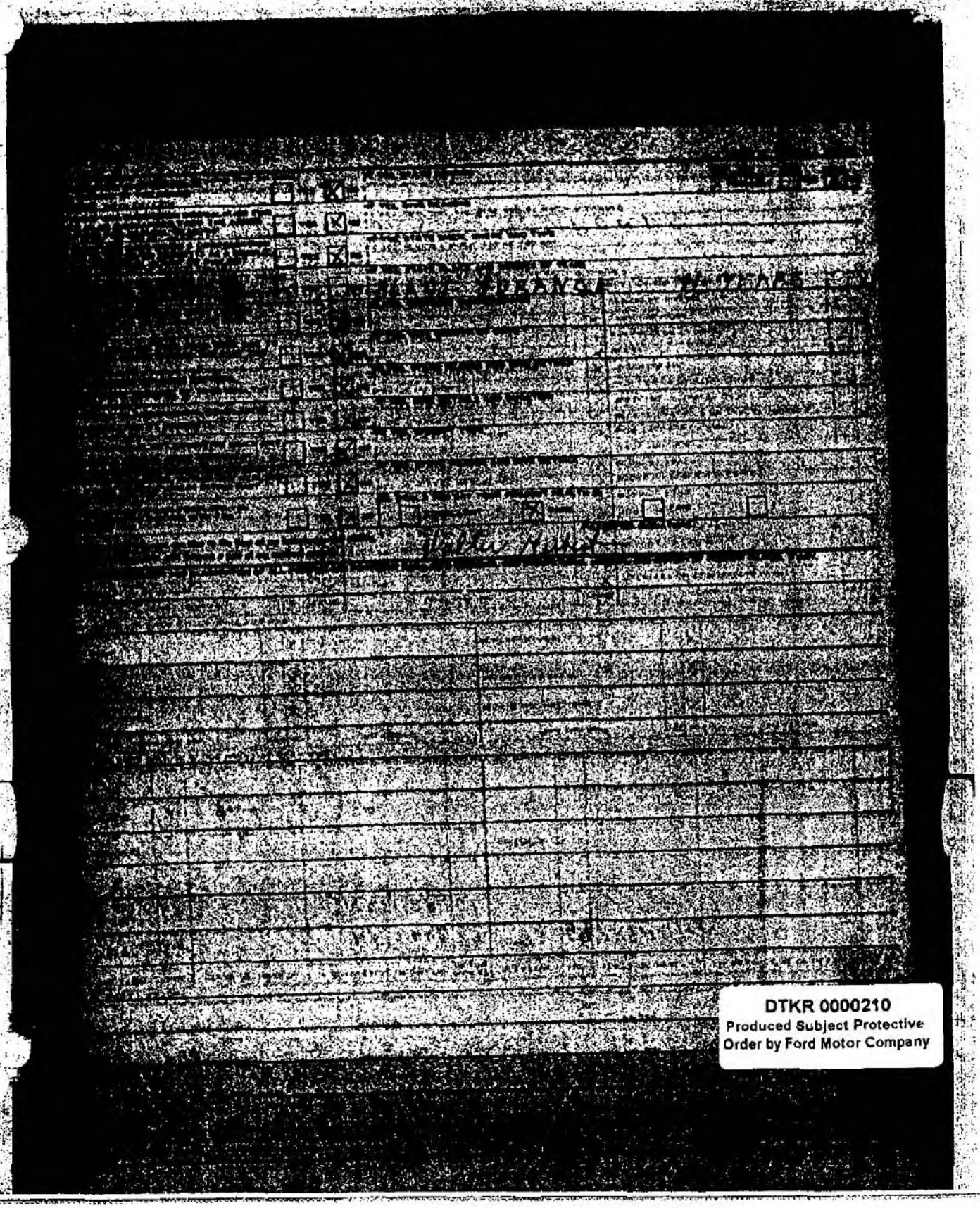
GRACE HEMRORDS

Accession 69-10805

Area T

Box 20

Highland Park



HISTORY RECORD - SUPPLEMENT

Ford Motor Company

[illegible] Hubert	Walter	INITIAL	SOC. SEC. NUMBER 572011313	DATE 2-12-63
3918 Academy Dearborn			HOME PHONE 561-0370	61
[illegible] NOTIFY – NAME: Florence Hubert	ADDRESS: 3918 Academy Dear			PHONE 561-0370
PHYSICIAN – NAME: None	ADDRESS			PHONE

HAVE YOU HAD ANY ILLNESS OR INJURY SINCE YOUR LAST EXAMINATION HERE? YES ☒ NO

16. DID IT REQUIRE THE ATTENTION OF A PHYSICIAN? YES ☐ NO ☒

IF YES, PLEASE DESCRIBE BRIEFLY WHAT IT WAS:

[illegible] (Dec. 7-4-63)

Off with cold – did not see a doctor

DO YOU HAVE ANY PROBLEMS YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR? YES NO X

DO YOU HAVE ANY CONDITION WHICH MAY REQUIRE A SPECIAL [illegible]? YES NO X

The preceding answers are true to the best of my knowledge and belief, and I understand this will become a part of my medical record

PATIENT'S SIGNATURE: Walter Hubert

COMMENTS BY PHYSICIAN

CLASSIFICATION AND RECOMMENDATION [illegible] AS FOLLOWS:

A – NO RESTRICTION	☐ C1 – [illegible]	☐ C6 – SITTING WORK
[illegible]	☐ C3 – GROUND WORK	☐ C7 – PART-TIME SITTING WORK
[illegible] SUITABLE FOR SMALL [illegible] LIGHT WEIGHT	☐ C4 – WORK WITH CLEAN ATMOSPHERE	☐ C8 –
[illegible] EYE HAZARDS	☐ C5 – DRY WORK	☐ D – NOT QUALIFIED FOR ANY WORK

[illegible signature] 2-12-63

[illegible] Motor Company

NAME		FIRST	INITIAL	SOC. SEC. NO.	BADGE NO.	SHEET NO.
[illegible]		WALKER		372-01-1313	R.F.	1

DATE	TIME	TEMP.	DIAGNOSIS, COMPLAINT, TREATMENT AND ADVICE	TREATED BY
[illegible]-58 [illegible]-58			Reinstatement - Employment Film No. 23[illegible]8) "Prominent aortic knob, cardiac enlargement and nodular fibrosis of lungs. Get 14 x 17 and history. Dr. van Valsah/jr" age 57 5'5" 130 lbs.	
[illegible]-58	4:[illegible] p.m.	98	Has had no cough or colds or chest pain. (1) 14 x 17 chest film FILM NO. 00629	M. O'Brien, RN
9-2-58			"Chest. No change in appearance since previous study of 6-16-58. No evidence of active disease. Left ventricle prominence. Increased lung markings. I do not identify silicosis or pneumoconiosis. High position of right scapula suggests Sprengel's deformity or possible old injury. Impression: No evidence of active disease within the chest. RC in 1 year. Dr. Stratton/jr	
9-22-59	3:[illegible]		03330 (14 x 17 chest X-Ray) Has been feeling well past year.	R. [illegible]
[illegible]-59			"Chest. Re-examination of the chest is compared with a previous study dated 8-27-58 and again demonstrates some degenerative [illegible] changes [illegible] since the previous study. [illegible] changes in both lung fields [illegible] but there has been no change in the over-all appearance in the interval since this previous study and there is no evidence of active disease in the chest. Dr. [illegible]/jr	
1-10-61			SENT IN FOR SAFETY EXAM. B-7194 ELECTRICIAN 05790 14 x 17 chest Age 59 Wt 151 Has been [illegible] the [illegible] year [illegible]	[illegible]
1-13-61			"Chest. P.A. study of the chest was made and the film compared with that of a study made on [illegible]. [illegible] in the [illegible] [illegible] aortic [illegible]	

DTKR 00000212
Produced Subject Protective
Order by Ford Motor Company

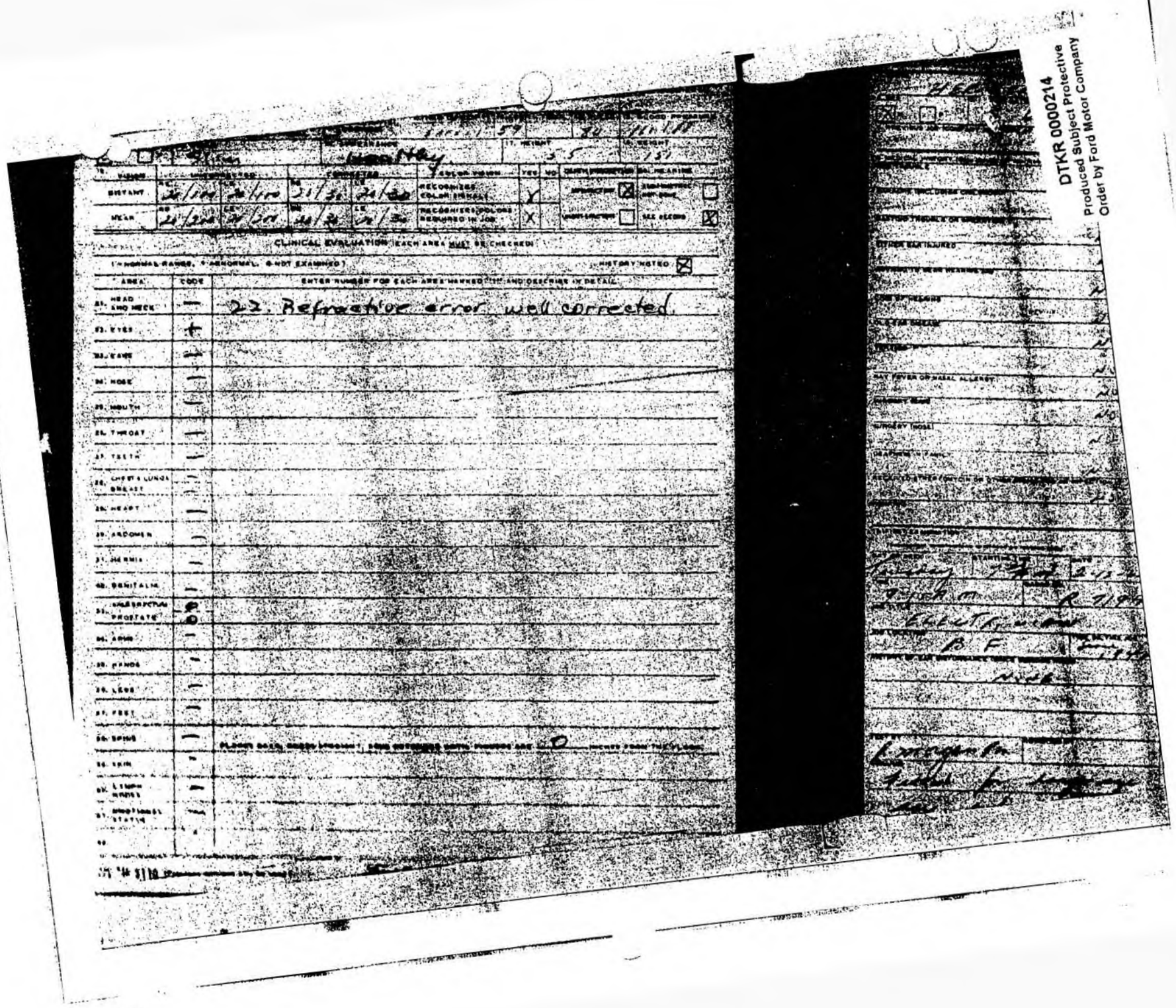
					66	98	76	160/100
	Average		Average.			5'5"		152 lbs.

VISION	UNCORRECTED		CORRECTED		COLOR VISION	YES	NO	DEPTH PERCEPTION	HEARING	
DISTANT	RE 20/200	LE 20/200	RE 20/40	LE 20/30	COLOR SIGNALS	✓		SATISFACTORY ☐	AUDIOMETRIC NOT DONE	☐
NEAR	RE 20/100	LE 20/100	RE 20/30	LE 20/30	RECOGNIZES COLORS REQUIRED IN JOB	✓		UNSATISFACTORY ☒	SEE RECORD	☒

CLINICAL EVALUATION (EACH AREA MUST BE CHECKED)

(– NORMAL RANGE, + ABNORMAL, 0 NOT EXAMINED) HISTORY NOTED ☒

AREA	CODE	ENTER NUMBER FOR EACH AREA MARKED "+" AND DESCRIBE IN DETAIL
21. HEAD AND NECK	–	22. Refractive error - well corrected
22. EYES	+	23. Marked hearing loss - employee claims
23. EARS	+	this is just since catching cold.
24. NOSE	–	Canals patent, drums intact, no discharge
25. MOUTH	–	or inflammation. Both T.M.'s retracted.
26. THROAT	–	
27. TEETH	–	
28. CHEST & LUNGS / BREAST	– / –	
29. HEART	–	
30. ABDOMEN	–	
31. HERNIA	–	
32. GENITALIA	–	
33. ANORECTUM / PROSTATE	0 / 0	
34. ARMS	–	
35. HANDS	–	
36. LEGS	–	
37. FEET	–	
38. SPINE	–	FLOOR BEND, KNEES STRAIGHT, ARMS EXTENDED UNTIL FINGERS ARE 0 INCHES FROM THE FLOOR.
39. SKIN	–	
40. LYMPH NODES	–	
41. EMOTIONAL STATUS	–	
42.		



CLINICAL EVALUATION (EACH AREA MUST BE CHECKED)

(1=NORMAL, 2=ABNORMAL, 3=NOT EXAMINED) HISTORY NOTED ☒

AREA	CODE	ENTER NUMBER FOR EACH AREA MARKED "2" AND DESCRIBE IN DETAIL
21. HEAD AND NECK	—	22. Refractive error well corrected.
22. EYES	+	
23. EARS	—	
24. NOSE	—	
25. MOUTH	—	
26. THROAT	—	
27. TEETH	—	
28. CHEST & LUNGS BREAST	—	
29. HEART	—	
30. ABDOMEN	—	
31. HERNIA	—	
32. GENITALIA	—	
33. RECTUM PROSTATE	D	
34. ARMS	—	
35. HANDS	—	
36. LEGS	—	
37. FEET	—	
38. SPINE	—	
39. SKIN	—	
40. LYMPH NODES	—	
41. NEUROLOGICAL STATUS	—	

DATE	TIME	TEMP.	DIAGNOSIS, COMPLAINT, TREATMENT AND REMARKS	TREATED BY
			No frank nodulation is evident. Dr. Kirschbaum"	
2-12-63			Returning from MIA. No doctors letter.	
			10389 [illegible] Ht 5'7-6/8" Age 41 Wt 155 Ht 65"	
			BP 160/100	Reinspected
2-14-63			"Chest. Re-examination of the chest in comparison with the previous study of 1-10-61 and before reveals no change. No active disease is seen in the lungs. The heart and mediastinum remain the same as before. Re-examine. Dr. Wang Jr"	
			[illegible]	
7-31-63			Voluntary Retirement	

~~7229~~ HERBERT, WALTER 372-01-1515

SOC. SEC. NO.

NAME ~~14930 TELEGRAPH RD~~

~~WYANDOTTE~~, MICH Taylor

ADDRESS

R7492	[illegible]	1	2	3	4	5	6	7	8	9
		A		B		C		D		E
W9634		11								
R7194		12								
		13								
	10	14								

CARD N 2 NOTIFY PAYROLL
CARD O 3 VAC. SEN. DATE

WORK. COMP. DATES		MED. CASE DATES
		~~[illegible]~~
		~~[illegible]~~
		~~[illegible]~~

NAME CHANGES

ADDRESS CHANGES: 5-23-61 3918 Academy - Dbn — PHONE NO. 561-0120

PHONE NO.

DATE OF ENTRY SENIORITY — OCCUPATION: Electrician — DATE: 5-7-42

PLANT UNIT	PLANT SEN. DATE	FORD UNIT	FORD SEN. DATE	BIRTH DATE	U.S. CIT. YES	NO	MALE	FEMALE	SINGLE	MARRIED	TRADE SCHOOL GRAD.	VET. YES	NO	CODE
12	091219	12	091219	061401	X		3						8	1
	5-7-42													

NO. AMT. / NO. AMT.: FHD 9-12-19

ACTION CODE	DATE OF ACTION	DEPT.	RATE	DATE RATE EFFECTIVE	OCCUPATION CODE & GROUP NO.	OCCUPATION	IN.
			2055		250077 9Y7	050742 35	1
			239½	6.1 '53	GEN'L INC.		2
		1720-35	244½	6 1 '54	GEN'L INC	Electrician	3
	1-16-56	1721-35	258¼				4
			265	[illegible]	[illegible]		5
			271½	6 1 '57	GEN'L INC.		6
							7
TR	3-21-58	1722-35	271½		25-7077-974	Electrician	C
TR	4-7-58	5246-86	271½				W
TR	5-13-58	7230-3	271½				[illegible]
							11
TR	6.16.58	1721-35	271½		25-7077-974	Electrician	[illegible]
			301½	7-1-58 Gen'l Inc 9-1-58 C.O.L. 13¢ & Appr. F			13
			309	R-1 '59	GEN'L INC.		14
			316½	9 1 '60	[illegible]		15
			334½	[illegible]			16
			343	9 3 '62	GEN'L INC.		17
RETIRED 7 31 63							18
							19
							20
							21
							22
							23
							24
							25

FORD MOTOR COMPANY HOURLY STATUS CARD

ACTION CODES: H—HIRE; RH—REHIRE; RI—REINSTATE; I—INCREASE; GI—GENERAL INCREASE; D—DECREASE; TR—TRANSFER; O—OCCUPATION CHANGE; OS—OCCUPATION SURVEY; LP—LEAVE OF ABSENCE PERS.; LM—LEAVE OF ABSENCE MED.; LO—LAID OFF; GA—GRADE SERIES ADJUSTMENT; T—TERMINATION; DA—DISCIPLINARY ACTION; A—APPRENTICE

IND REL DEC 47 (Previous editions may be used)

DTKR 0000216

ADDRESSOGRAPH PLATE IMPRESSION FROM

Ford Motor Company

PERSONAL STATUS CHANGE

ADDRESSOGRAPH PLATE IMPRESSION TO

NAME	SOC. SEC. NO.	DATE	HOURLY / SALARIED
Herbert, W.	372-01-1313	8-24-61	HOURLY ☒ SALARIED ☐
STAFF OR DIVISION (SALARIED ONLY)	LOCATION—ACTIVITY (HOURLY ONLY)	DEPT. CHG. NO.	BADGE NO. OR ORGAN. CODE NO.
	B-F. Maint.	1721	R7194

TYPE OF CHANGE	FROM	TO
NAME		
SOCIAL SECURITY NUMBER		
ADDRESS AND/OR TELEPHONE NUMBER	NO., STREET AND APT. NO.: 14530 S. Telegraph; TELEPHONE NO.: NONE; CITY, ZONE AND STATE: Taylor Mich.	NO., STREET AND APT. NO.: X3918 ACADEMY; TELEPHONE NO.: X56-1-0370; CITY, ZONE AND STATE: XDEARBORN, MICHIGAN
MARITAL STATUS AND/OR BIRTH DATE	MARITAL STATUS; BIRTH DATE	MARITAL STATUS; BIRTH DATE
ADDITIONAL EDUCATION (Subject to verification)	SCHOOL; COURSE; DATE COMPLETED; CREDIT HOURS: THIS REPORT / TO DATE	

SEP 18 1961

EMPLOYE'S SIGNATURE X W. Herbert

SHD REL. ACT 88 2545 (Previous editions may be used) Employe should complete proper forms for changes in United States savings bonds, hospitalization insurance, group insurance, beneficiary (contributory portion—General Retirement Plan), withholding exemption or social security number (government form) as necessitated by the above changes. The Personnel Office will aid in securing these forms.

LOCAL RECORDS COPY

ADDRESSOGRAPH PLATE IMPRESSION FROM

Ford Motor Company

PERSONAL STATUS CHANGE

ADDRESSOGRAPH PLATE IMPRESSION TO

NAME	SOC. SEC. NO.	DATE	HOURLY / SALARIED
WALTER HERBERT	372-01-1313	5-22-61	HOURLY ☒ SALARIED ☐
STAFF OR DIVISION (SALARIED ONLY)	LOCATION—ACTIVITY (HOURLY ONLY)	DEPT. CHG. NO.	BADGE NO. OR ORGAN. CODE NO.
	BLAST FURNACE (STEEL)	1721	R-7194

TYPE OF CHANGE	FROM	TO
NAME		
SOCIAL SECURITY NUMBER		
ADDRESS AND/OR TELEPHONE NUMBER	NO., STREET AND APT. NO.: 14530 S. TELEGRAPH; TELEPHONE NO.: NONE; CITY, ZONE AND STATE: TAYLOR MICHIGAN	NO., STREET AND APT. NO.: 3918 ACADEMY; TELEPHONE NO.: 561-0370; CITY, ZONE AND STATE: DEARBORN, MICHIGAN
MARITAL STATUS AND/OR BIRTH DATE	MARITAL STATUS; BIRTH DATE	MARITAL STATUS; BIRTH DATE
ADDITIONAL EDUCATION (Subject to verification)	SCHOOL; COURSE; DATE COMPLETED; CREDIT HOURS: THIS REPORT / TO DATE	

MAY 23 1961

EMPLOYE'S SIGNATURE Walter Herbert

SHD REL. ACT 88 2545 (Previous editions may be used) Employe should complete proper forms for changes in United States savings bonds, hospitalization insurance, group insurance, beneficiary (contributory portion—General Retirement Plan), withholding exemption or social security number (government form) as necessitated by the above changes. The Personnel Office will aid in securing these forms.

LOCAL RECORDS COPY

HOURLY PERSONNEL LEAVE OF ABSENCE

Field	Entry
Name	Herbert, Walter
Badge No.	R7194
Dept. No.	7741
Date	2-9-63
Address	7118 Academy, Dearborn, Mich
Location-Activity	Blast Furnace
Phone No.	03703
Soc. Sec. No.	372-01-1313
Explain specific reason for leave	Sick
	LDW 2-4-63
Recom'd Leave Start	
Date of Return	
Employe's Signature (or Authorized Agent)	
Foreman's Signature (Personal Leave Only)	[signature]

YOU ARE HEREBY ISSUED A: CONDITIONAL SICK LEAVE (NOT TO BE ISSUED BY FOREMAN) — ORIGINAL [X] EXTENSION [ ] — PERSONAL LEAVE [ ] — MILITARY LEAVE [ ] (TO PARTICIPATE IN THE ACTIVE MILITARY SERVICE OF THE U.S. ARMED FORCES)

IF CONDITIONAL SICK LEAVE OF ABSENCE COMPLETE — EMPLOYE'S AGE: 6-14-01 — LEAVE REQUESTED BY: EMPLOYE [ ] AGENT [X] Gert — HOW REQUESTED: IN PERSON [ ] BY PHONE [X] BY LETTER [ ]

FOR USE OF EMPLOYMENT OFFICE ONLY

Employe's Co. Seniority Date	Beginning Date	Expiration Date	Date Issued	Employment Ofc.
9-12-19	2-5-63	3-5-63	2-8-63	Sherman

Date Returned	Employment Ofc.	Remarks
2-12-63	ED	

TYPE: MEDICAL [ ] PERSONAL [ ] — THE ABOVE EMPLOYE WAS ABSENT FROM ___ TO ___ — LABOR RELATIONS OFFICE

HE CLAIMS THAT THIS ABSENCE WAS DUE TO: — EMPLOYMENT OFFICE

BUT WAS UNABLE TO SUBMIT SATISFACTORY EVIDENCE OF INABILITY TO WORK BECAUSE OF ILLNESS OR OTHER JUSTIFIABLE REASONS DURING THE ABOVE PERIOD. THIS MUST BE CONSIDERED AS AN UNAUTHORIZED ABSENCE.

Ford IND REL MAY 62 49

INDUSTRIAL RELATIONS COPY

HOURLY PERSONNEL LEAVE OF ABSENCE — FORD MOTOR COMPANY

Field	Entry
Name	HERBERT, WALTER
Badge No.	R 7194
Dept. No.	
Date	3/22/61
Address	14530 S. TELEGRAPH, TAYLOR, MICHIGAN
Location-Activity	BLAST FURNACE
Phone No.	LU 28861
Soc. Sec. No.	372 01 1313
Explain specific reason for leave	FELL Ldw 3-21-61 2.5 hrs.
	Void — Did not process through E.O.
Recom'd Leave Start	
Date of Return	
Employe's Signature (or Authorized Agent)	
Foreman's Signature (Personal Leave Only)	

YOU ARE HEREBY ISSUED A: CONDITIONAL SICK LEAVE [/] (NOT TO BE ISSUED BY FOREMAN) — PERSONAL LEAVE [ ] — MILITARY LEAVE [ ] (TO PARTICIPATE IN THE ACTIVE MILITARY SERVICE OF THE U.S. ARMED FORCES)

IF CONDITIONAL SICK LEAVE OF ABSENCE COMPLETE — EMPLOYE'S AGE: — LEAVE REQUESTED BY: EMPLOYE [ ] AGENT [/] — HOW REQUESTED: IN PERSON [ ] BY PHONE [/] BY LETTER [ ]

FOR USE OF EMPLOYMENT OFFICE ONLY

Employe's Co. Seniority Date	Beginning Date	Date of Return	Date Issued	Employment Ofc.
	3/20/61	6/20/61	3/22/61	1p

Date Returned	Employment Ofc.	Remarks
Void 3-27-61 employe RTW 3-24-61	per Time Office. Lc	

TYPE: MEDICAL [ ] PERSONAL [ ] — THE ABOVE EMPLOYE WAS ABSENT FROM ___ TO ___ — LABOR RELATIONS OFFICE

HE CLAIMS THAT THIS ABSENCE WAS DUE TO: — EMPLOYMENT OFFICE

BUT WAS UNABLE TO SUBMIT SATISFACTORY EVIDENCE OF INABILITY TO WORK BECAUSE OF ILLNESS OR OTHER JUSTIFIABLE REASONS DURING THE ABOVE PERIOD. THIS MUST BE CONSIDERED AS AN UNAUTHORIZED ABSENCE.

IND REL JAN 60 49

INSTRUCTIONS - ALL LEAVES ARE SUBJECT TO THE CONDITIONS OUTLINED ON REVERSE SIDE.
1. COMPLETE APPROPRIATE SECTION FOR THE TYPE OF ABSENCE BEING PROCESSED.
2. REFER TO BACK OF FORM FOR DETAILED LEAVE INSTRUCTIONS AND INFORMATION.

INDUSTRIAL RELATIONS COPY

SICK LEAVE

[illegible] Milwaukee[illegible]

IF POSITION [illegible] AND TAKE THIS REQUEST TO THE EMPLOYMENT OFFICE—ALL LEAVES ARE SUBJECT TO [illegible]

YOU ARE HEREBY ISSUED A

☐ PERSONAL LEAVE OF ABSENCE (SUCH AS JURY DUTY, WITNESS SERVICE, RESERVE TRAINING AND PRE-INDUCTION EXAMINATIONS)

☐ CONDITIONAL SICK LEAVE OF ABSENCE

EMPLOYEE'S Ride ______ LEAVE REQUESTED BY: EMPLOYEE ☐ AGENT ☐ IN PERSON ☐ BY TELEPHONE ☐ BY LETTER ☐

☐ MILITARY LEAVE TO PARTICIPATE IN THE ACTIVE MILITARY SERVICE WITH THE ARMED FORCES OF THE UNITED STATES

UNAUTHORIZED ABSENCE MEDICAL ☐ PERSONAL ☐

THE ABOVE EMPLOYEE WAS ABSENT FROM ______ TO ______ HE CLAIMS THAT THIS ABSENCE WAS DUE ______

BUT WAS UNABLE TO SUBMIT SATISFACTORY EVIDENCE OF INABILITY TO WORK BECAUSE OF ILLNESS OR OTHER JUSTIFIABLE REASONS DURING THE ABOVE PERIOD. THIS MUST BE CONSIDERED AS AN ABSENCE WITHOUT LEAVE.

FOR USE OF EMPLOYMENT OFFICE

EMPLOYEE'S COMPANY SENIORITY DATE 6/22 [illegible] 9/22

DATE 1/15/53 [illegible]

DATE RETURNED 12/17/53 EMP. OFFICE [illegible]

LABOR RELATIONS OFFICE ______

EMPLOYMENT OFFICE ______

INSTRUCTIONS:

1. COMPLETE AREA ENCLOSED IN HEAVY LINES AT THE TOP OF THE FORM FOR ALL LEAVES.
2. COMPLETE APPROPRIATE SECTION FOR THE TYPE OF ABSENCE BEING PROCESSED.
3. REFER TO BACK OF FORM FOR DETAILED LEAVE INSTRUCTIONS AND INFORMATION.

IND REL. 49 OCT '52

ORIGINAL FOR INDUSTRIAL RELATIONS

S.S. NO. | PRESENT BADGE NO. R-7229 | CURRENT DATE 1-6-56 | X | X

FORD MOTOR COMPANY

HIRE

NAME (LAST, FIRST, M.I.) Herbert W.

LOCATION—ACTIVITY Blast Furnce Maintenance

ADDRESS (NUMBER, STREET, CITY, ZONE, STATE)

PLANT UNIT | PLANT SEN. DATE | FORD UNIT | FORD SEN. DATE | BIRTH DATE | NOT U.S. CITIZEN | FEMALE | SINGLE | VET. | CODE | COMPLETE FOR BADGE, TRANS. & OCC. CHANGES | LOCATION UNIT | OCC. DATE

COMPLETE BOXES AS INDICATED — BADGE — RATE — OCCUPATION

TRANSFER — Complete entire next line except "Date Rate Effective."

NEW BADGE NO.	BADGE CHANGE DATE	OLD DEPT.	OLD RATE	DATE RATE EFFECTIVE	OLD OCC. CODE	SHOP NO.	OLD OCCUPATION
		1720					Electrician

NEW DATA	DATE OF ACTION	DEPT.	RATE	DATE RATE EFFECTIVE	OCC. CODE	SHOP NO.	OCCUPATION
Complete for all transactions. For badge change complete "Dept." only.		1721	258	1-16-56	25-0-077		Electricain

FOR TERMINATION INDICATE → LAST DAY WORKED | TYPE (Quit, 10 day quit, laid-off—probat. or seniority, lv. abs. exp., retired, mil. lv., discharged) ← TERMINATION

REMARKS

Departmental Change

16

SIGNED

Complete address, phone no. & plant seniority bonus above.

REPORT TO: RETIRE. SEC. | LABOR REL. | EMPLOY. OFFICE

CHARACTER OF SERVICE | EXCEL. | GOOD | FAIR | UNSATIS.

WORKMANSHIP / CONDUCT / APPLICATION / ATTENDANCE / SAFETY

FOREMAN

GENERAL FOREMAN

ACCEPTING FOREMAN [illegible]

SUPT. K. G. Hunt

WAGE ADMIN. R.D.

LABOR REL.

UNION

EMPLOYMENT

Employment Agreement — EMPLOYEE'S SIGNATURE (FIRST, MIDDLE INITIAL, LAST)

I agree to pay Ford Motor Company X

and hereby authorize said Company to deduct from any monies due me the sum of $2.00 for each metal or plastic badge, $3.00 for each identification pass, $5.00 for each picture badge, 50¢ for each tool check, and the cost of tools and other equipment received by me while in its employ which are lost or damaged or which I fail to return in good condition upon demand. I waive any responsibility on the part of said Company for loss or damage to personal tools or effects. I agree that my employment shall be subject to layoffs and wage deductions therefore as determined by the Ford Motor Company. I elect to become subject to the provisions of the Workmen's Compensation Law of the State of

IND REL. 55 8b (Previous editions may be used)

INDUSTRIAL RELATIONS COPY

DTKR 0000225

TAYLOR TOWNSHIP, MICHIGAN

REQUEST FOR LEAVE — PERSONAL LEAVE — 9-23-57 TO 10-7-57

BLAST FURNACE MAINTENANCE

ON PERSONAL LEAVES SECURE FOREMAN'S APPROVAL AND TAKE THIS REQUEST TO THE EMPLOYMENT OFFICE—ALL LEAVES ARE SUBJECT TO THE CONDITIONS OUTLINED ON THE BACK.

YOU ARE HEREBY ISSUED A

- ☐ PERSONAL LEAVE OF ABSENCE (SUCH AS JURY DUTY, WITNESS SERVICE, RESERVE TRAINING AND PRE-INDUCTION EXAMINATIONS)
- ☐ CONDITIONAL SICK LEAVE OF ABSENCE
  - EMPLOYEE'S AGE ____ LEAVE REQUESTED BY: EMPLOYEE ☒ AGENT ☐
  - IN PERSON ☒ BY TELEPHONE ☐ BY LETTER ☐
- ☐ MILITARY LEAVE TO PARTICIPATE IN THE ACTIVE MILITARY SERVICE WITH THE ARMED FORCES OF THE UNITED STATES

UNAUTHORIZED ABSENCE MEDICAL ☐ PERSONAL ☐

THE ABOVE EMPLOYEE WAS ABSENT FROM ____ TO ____ HE CLAIMS THAT THIS ABSENCE WAS DUE TO ____

EMPLOYEE WAS UNABLE TO SUBMIT SATISFACTORY EVIDENCE OF INABILITY TO WORK BECAUSE OF ILLNESS OR OTHER JUSTIFIABLE REASONS DURING THE ABOVE PERIOD. THIS MUST BE CONSIDERED AS AN ABSENCE WITHOUT LEAVE.

FOR USE BY EMPLOYMENT OFFICE

EMPLOYEE'S COMPANY SENIORITY DATE 9/12/46 — DATE 10/7/57

DATE ISSUED 6/30 — EMP. OFFICE WC

DATE RETURNED OCT - 7 [illegible]

LABOR RELATIONS OFFICE ____

EMPLOYMENT OFFICE ____

INSTRUCTIONS:

1. COMPLETE AREA ENCLOSED IN HEAVY LINES AT THE TOP OF THE FORM FOR ALL LEAVES.
2. COMPLETE APPROPRIATE SECTION FOR THE TYPE OF ABSENCE BEING PROCESSED.
3. REFER TO BACK OF FORM FOR DETAILED LEAVE INSTRUCTIONS AND INFORMATION.

ORIGINAL FOR INDUSTRIAL RELATIONS

49b

572-01-1313 — R-7229 — 3-21-58

Herbert, Walter — Location-Activity: Blast Furnace Maintenance

[illegible] Telegraph Rd., Taylor Tws'p., Mich — 1 day

Plant Seniority Date 5-7-51 — Ford Service Date 9-12-19 — New Loc. Code 35

CHANGE — NEW DATA / TRANSFER — Complete entire next line except "Date Rate Effective"

	Seniority Date	Dept.	Rate	Date Rate Effective	Occ. Code		Occupation
Old	492 / 5-31-58	1721	271½		25-7077	97	Electrician
New	3-21-58	1722	271½	3-21-58	25-7077	97	Electrician 1722-16

Ability: X — Conduct: X — Workmanship: X — Attendance: X — Safety: X

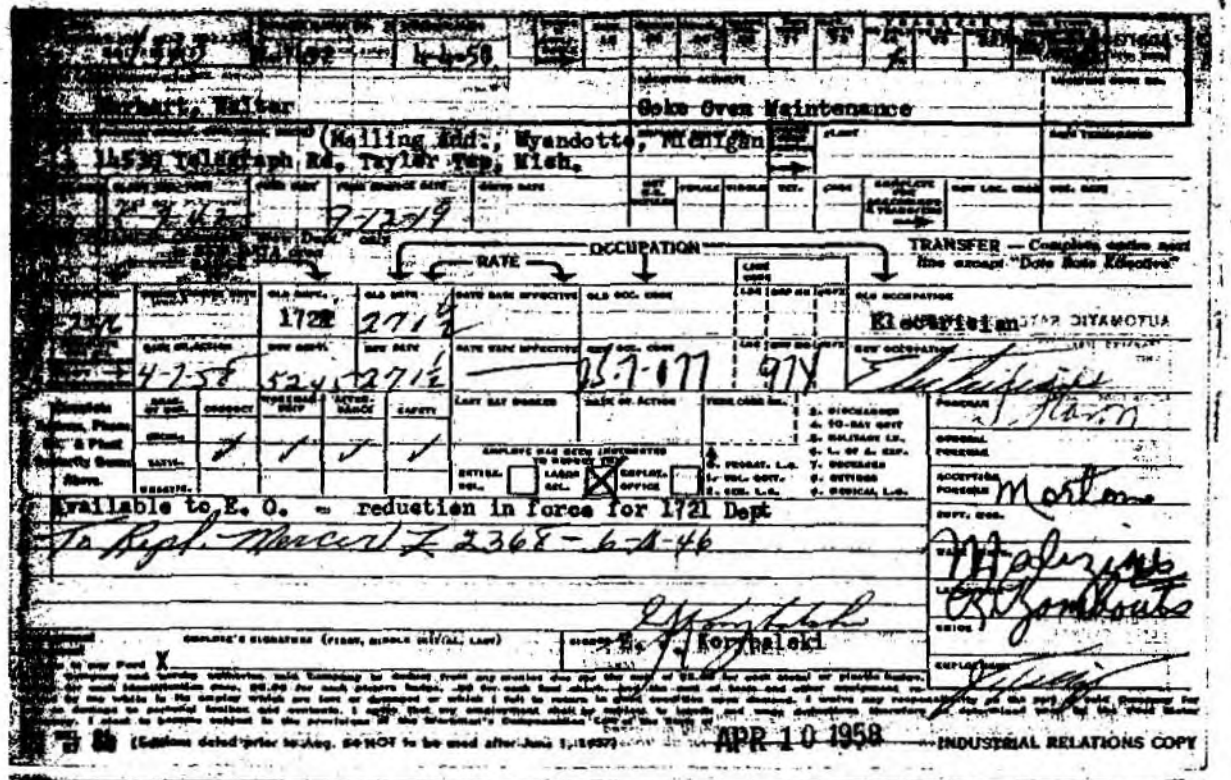
Employee has been instructed to report to: Employ. Office ☒

Seniority adjustment for Dept. 1721 R.I.F.

Employee's signature: X W. Herbert — Livernois

DTKR 0000226

Produced Subject Protective Order by Ford Motor Company



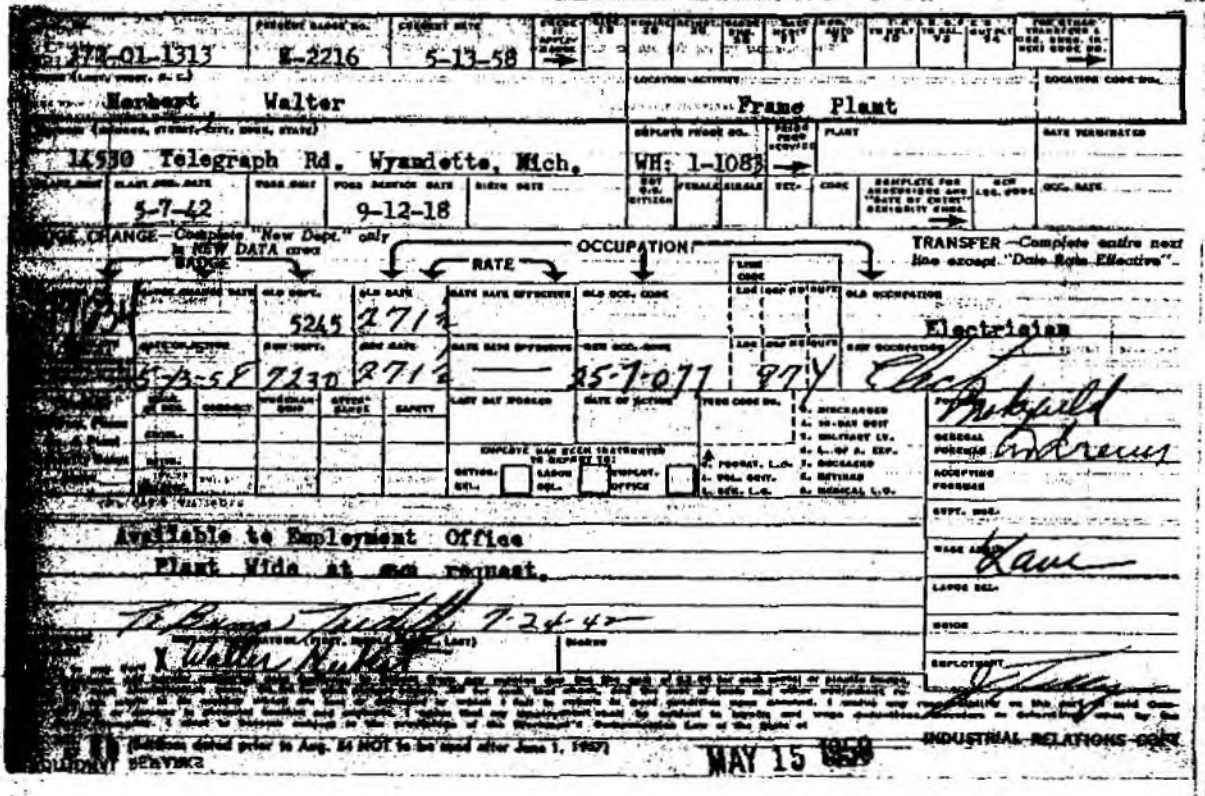
Herbert, Walter — Coke Oven Maintenance

(Mailing Add.: Wyandotte, Michigan)
14530 Telegraph Rd, Taylor Twp, Mich.

4-7-58 | 52½ | 27½ | 35-7-077 | 97Y | Electrician

Available to E. O. — reduction in force for 1721 Dept.
To Dept. Marcel Z 2368 - 4-8-46

APR 10 1958 — INDUSTRIAL RELATIONS COPY



278-01-1313 | E-2216 | 5-13-58

Herbert, Walter — Frame Plant

14530 Telegraph Rd. Wyandotte, Mich. | WH: 1-1083

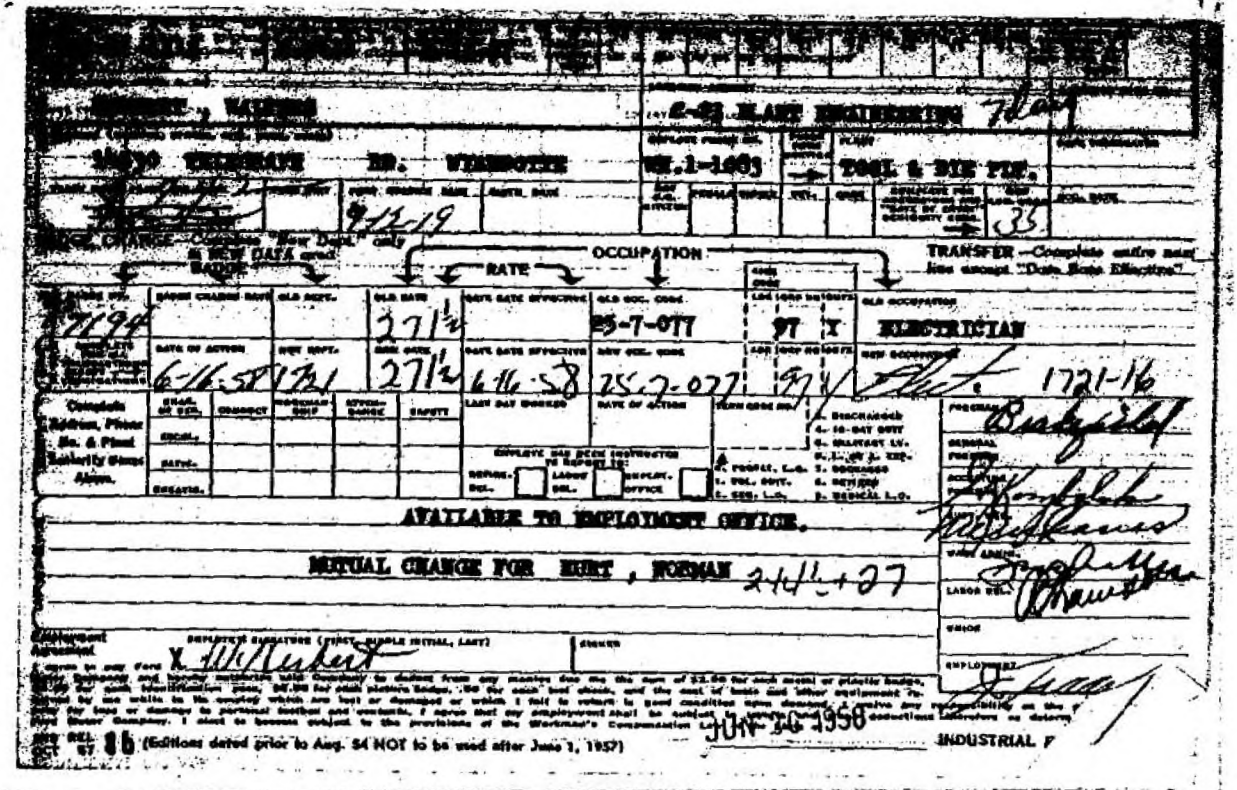
5-7-42 | 9-12-18

5-13-58 | 7230 | 27½ | 35-7-077 | 97Y | Electrician

Available to Employment Office
Plant Wide at our request.

To Dept. Truck 7-24-42

MAY 15 1958 — INDUSTRIAL RELATIONS COPY



AVAILABLE TO EMPLOYMENT OFFICE.

MUTUAL CHANGE FOR HURT , NORMAN 24-4-27

JUN 16 1958

INDUSTRIAL F

(Editions dated prior to Aug. 54 NOT to be used after June 1, 1957)

Ford Motor Company

LOCAL RECORDS COPY

PERSONAL STATUS CHANGE

NAME	SOC. SEC. NO.	DATE	
Walter Herbert	372-01-1313	12-1-58	HOURLY ☒ SALARIED ☐

STAFF OR DIVISION (SALARIED ONLY)	LOCATION—ACTIVITY (HOURLY ONLY)	DEPT.CHG.NO.	BADGE NO. OR ORGAN. CODE NO.
	Blast Furnace Maintenance(Steel)	1721	R-7194

TYPE OF CHANGE	FROM	TO
NAME		
ADDRESS	NUMBER AND STREET: 14530 S. Telegraph CITY, ZONE, AND STATE: Wyandotte, Michigan	NUMBER AND STREET: 14530 S. Telegraph CITY, ZONE, AND STATE: Taylor, Michigan
TELEPHONE NO.		
SOCIAL SECURITY NUMBER		
MARITAL STATUS		
BIRTH DATE		

ADDITIONAL EDUCATION (Do not duplicate information)	SCHOOL	COURSE	DATE COMPLETED	CREDIT HOURS: THIS REPORT	CREDIT HOURS: TO DATE

EMPLOYEE'S SIGNATURE Walter Herbert

Employee should complete proper forms for changes in United States savings bonds, hospitalization insurance, group insurance, beneficiary (contributory portion—General Retirement Plan), withholding exemption or social security number (government form) as necessitated by the above changes. The Personnel Office will aid in securing these forms.

2545

DTKR 0000228
Produced Subject Protective Order by Ford Motor Company

372-01-1313 | R-7194 | 7/18/63

Herbert, Walter

Steel Retirement

3918 Academy, Dearborn Heights, Michigan

9/12/19 | 6/14/01

BADGE CHANGE—Complete "New Dept." only in NEW DATA area

BADGE | RATE | OCCUPATION

TRANSFER—Complete entire next line except "Date Rate Effective"

OLD DEPT. 1721

LAST DAY WORKED 7/31/63 | DATE OF ACTION 7-31-63 | TERM. CODE NO. 8B

Retired voluntarily in accordance with Company Retirement Program.
Do not re-employ without approval of Central Industrial Relations
Staff. Estimated benefit $99.00

EMPLOYEE'S SIGNATURE: X Walter Herbert

SIGNED: [signature]

EMPLOYMENT: R W Stephens [signature]

(Edition dated prior to Aug. 54 NOT to be used after June 1, 1957)

INDUSTRIAL RELATIONS

Company Employment Record

A1148 [illegible]

WALTER HERBERT AMERICAN

Address 925 Davison Rd Det.

Home Address same

18 Married no

English yes

Dependent on you Mother

To what extent partly

Have you ever worked for Ford Motor Co? no

Last Employed Maxwell

good Hearing good

Have you any disease or permanent disability or have you ever undergone any surgical operations, broken bones, etc.?

OK Note

Boutwell

I believe and Warrant that the answers made herein are correct and true, and that they shall form the basis and become part of my contract of employment and that any untrue answers will render the contract null and void, and I hereby elect to be subject to the provisions of Act No. 10 of Public Acts, Extra Session of 1912, of Michigan.

Walter Herbert

Department 8076 Occupation Assem.

Skill nnA Foreman Mills

Hourly 60¢ Hired by Walls

Started 9-12-19 Time Started 7:30A

ACR

12 1919

DTKR 0000230
Produced Subject Protective
Order by Ford Motor Company

Badge No. [illegible]

WALTER HERBERT

Address 7548 Grand Riv. Det

Age S Dependents NONE Trade

Nationality Ams If foreign born, date of your [illegible]

In United States Etc.

Have you ever worked for F. M. Co. Yes Where 54244

Last Employer Ford's Location

I hereby certify and warrant that the answers above made by me are true, and I hereby ... subject to the provisions of the workmen's compensation laws of the ...

I hereby authorize the Ford Motor Company to deduct from any moneys due ... the sum of Five Dollars for any Badge or any Store Check and Fifty Cents ... Tool Check received by me while in its employ and which I fail to return.

SIGNATURE Walter Herbert

Replacing

Occupation mach repair Foreman MAR 4 1931

Date

Signed Approved

Branch Manager

[redacted] Motor Company TERMINATION OF SERVICE RECORD

Branch Fordson Badge No. 5424[illegible]

Name Walter Herbert

Present Address

Date Hired Present Occupation Mach Rep

Quit OK Laid Off Discharged

Would you care to have him back?

Signed by Gen. Foreman

Dept. B 515 7-7-30

For Branch } If paid, give Check Number
use only }

SIGNED: APPROVED: 7-7-30

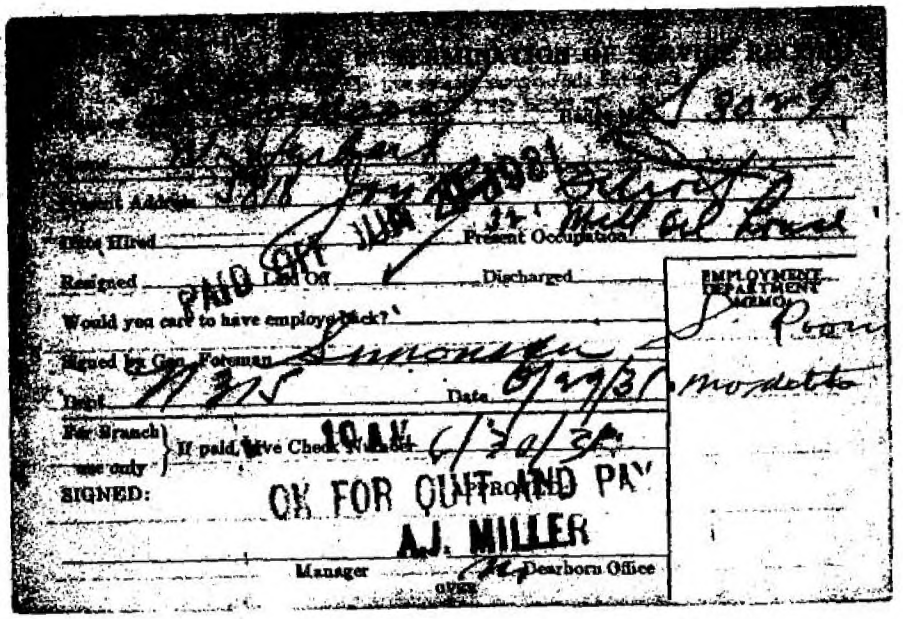
OK FOR QUIT AND PAY

PAID OFF JUL 7

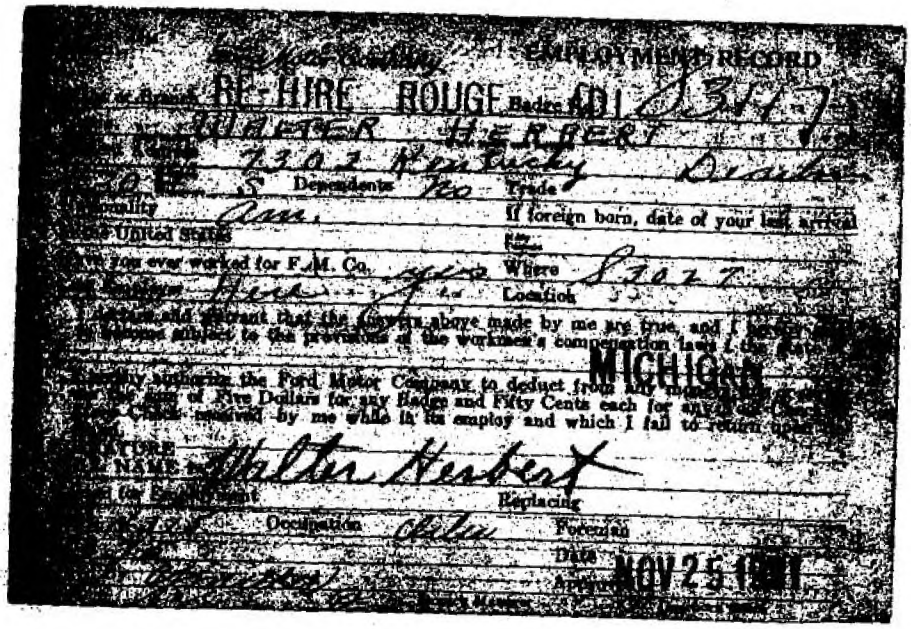
Employment Office

OVER

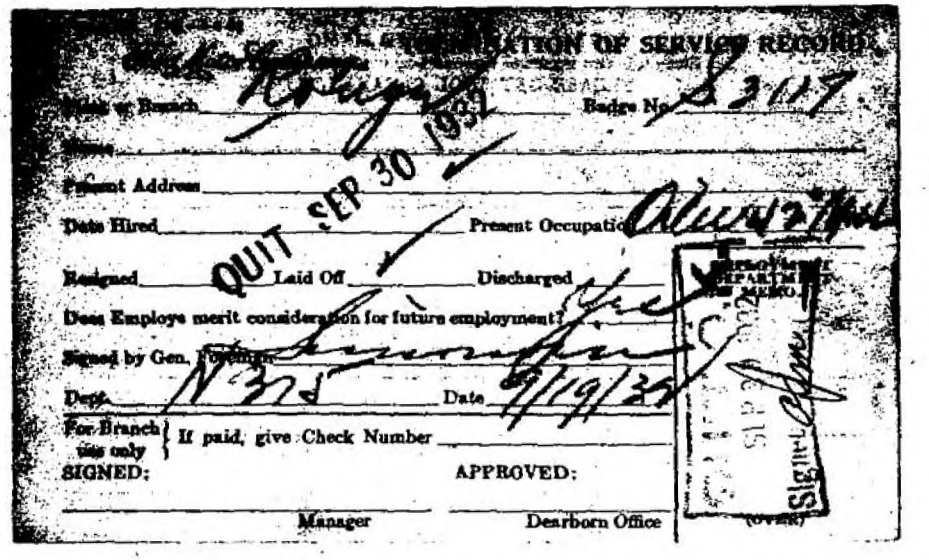
EMPLOYMENT DEPARTMENT MEMO.



Date Hired
Present Occupation
Resigned
Laid Off
Discharged
PAID OFF
Would you care to have employe back?
Signed by Gen. Foreman
Dept.
Date
For Branch use only
If paid, give Check Number
SIGNED:
OK FOR QUIT AND PAY
APPROVED
A.J. MILLER
Manager
Dearborn Office
EMPLOYMENT DEPARTMENT MEMO



EMPLOYMENT RECORD
RE-HIRE ROUGE
Name
Dependents
Trade
If foreign born, date of your last arrival
Where
Location
MICHIGAN
Replacing
Foreman
Date
NOV 25 19



...ATION OF SERVICE RECORD

Plant or Branch Rouge Badge No. 3117

Name

Present Address

Date Hired SEP 30 19 32 Present Occupation Alleyman

Resigned QUIT Laid Off Discharged

Does Employe merit consideration for future employment? Yes

Signed by Gen. Foreman

Dept. N 32 Date 9/19/33

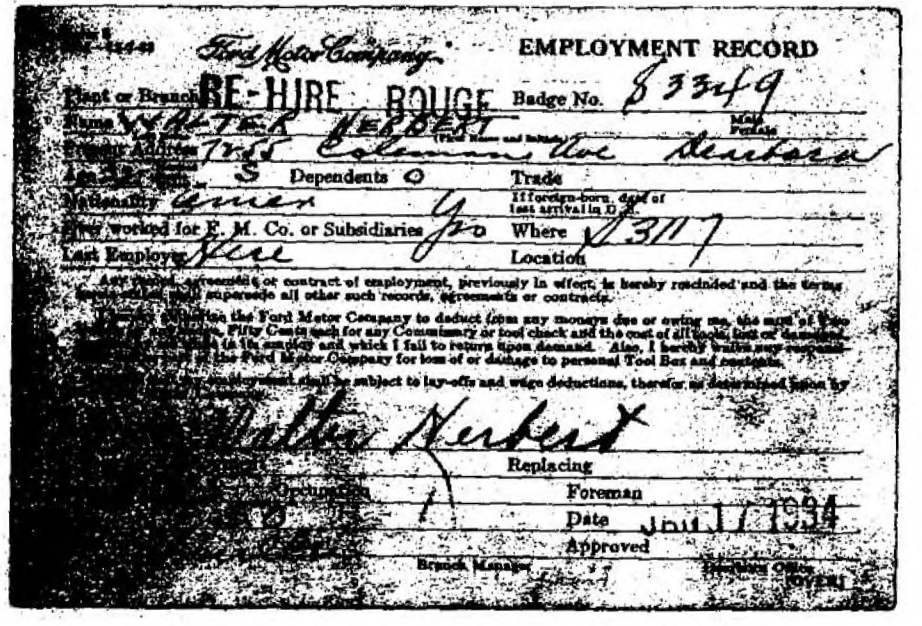
For Branch use only { If paid, give Check Number

SIGNED: APPROVED:

Manager Dearborn Office

(OVER)

SIGNED



Ford Motor Company EMPLOYMENT RECORD

Plant or Branch RE-HIRE ROUGE Badge No. 33449

Name WALTER HERBERT (First Name and Initials) Male / Female

Present Address 1755 Coleman Ave Dearborn

Age 32 Sex M Dependents 0 Trade

Nationality American If foreign-born, date of last arrival in U. S.

Have worked for F. M. Co. or Subsidiaries Yes Where 3117

Last Employed Here Location

Any former agreement or contract of employment, previously in effect, is hereby rescinded and the terms hereof shall supersede all other such records, agreements or contracts.

I authorize the Ford Motor Company to deduct from any moneys due or owing me, the sum of Fifty Cents each for any Commissary or tool check and the cost of all tools, lost or damaged in its employ and which I fail to return upon demand. Also, I hereby waive any claim against the Ford Motor Company for loss of or damage to personal Tool Box and contents.

My employment shall be subject to lay-offs and wage deductions, therefor as determined from by

Walter Herbert

Replacing

Occupation Foreman

Date Jan 17 1934

Approved

Branch Manager Employment Office

(OVER)

Ford Motor Company

EMPLOYMENT RECORD

SS A/C No. 372-01-1917

Place of Birth: Detroit Mich. Date of Birth 6-14-01

Location Badge No. S3450

Name Walter Herbert

Present Address 7255 Calumet Pl.

Age 38 Married yes Dependents 1 Trade

Citizen of what Country U.S.A. Military Service none

Nationality German - American If foreign-born, date of last arrival in U.S.

Ever worked for F. M. Co. or Subsidiaries yes Where S3349

Last Employer none Location

I hereby authorize the Ford Motor Company to deduct from any moneys due or owing me, the sum of Two Dollars for any badge, Fifty Cents each for any tool check and the cost of all tools, lost or damaged, received by me while in its employ and which I fail to return upon demand. Also, I hereby waive any responsibility on the part of the said Company for loss of or damage to personal Tool Box and contents.

I agree that my employment shall be subject to lay-offs and wage deductions, therefor as determined upon by the Ford Motor Company.

SIGNATURE FULL NAME Walter Herbert

Reason for Employment Replacing

Dept. N 315 Occupation Foreman

Rate .85 Date SEP 6 1939

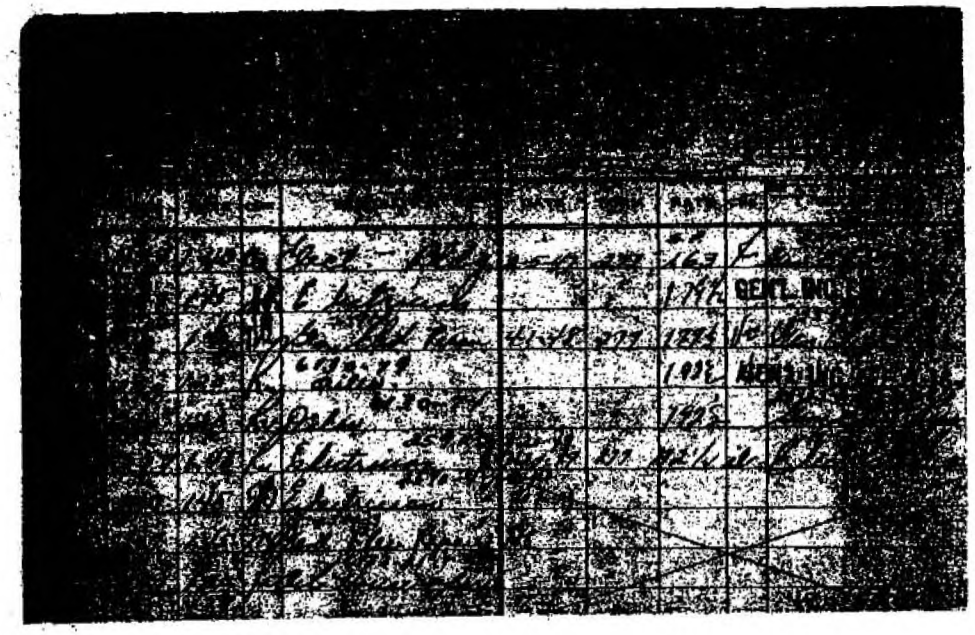
Hired by Signed Approved

Manager Dearborn Office (Over)

FOREMAN'S COMPLETE MEMO.
State full and accurate reasons why employe is leaving.
PLEASE GET TOOL CLEARANCE.

THIS MAN WAS TEMPORARILY LAID OFF BUT TO PRESENT TIME HIS SERVICES HAVE NOT BEEN REQUIRED. THERE IS NO IMMEDIATE OUTLOOK FOR RECALL.

PULLED TO CLEAR RECORD.



372-01-1313

CROSS FILE CARD

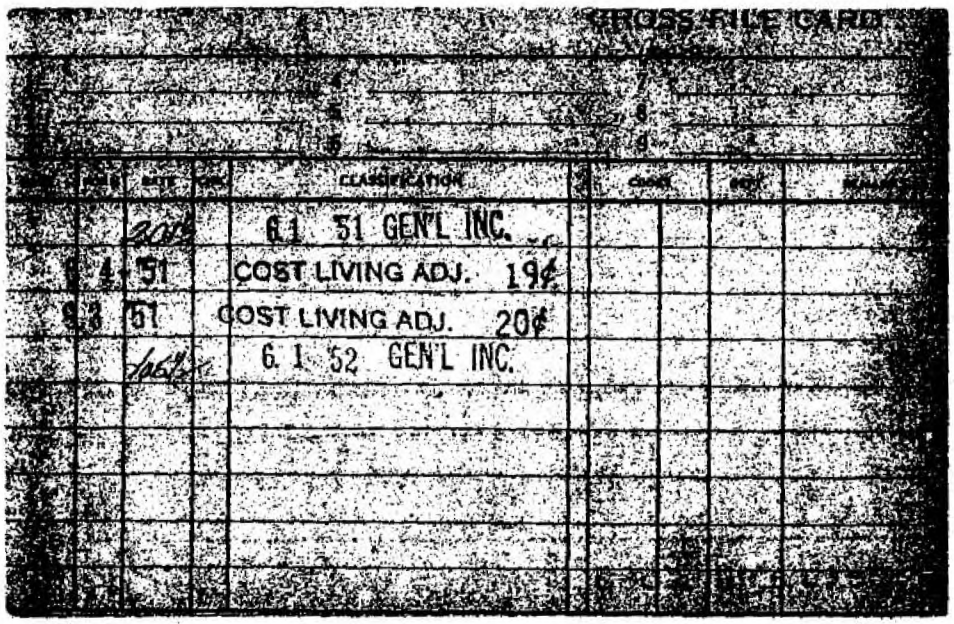
HERBERT, WALTER 1.92½

~~R-4440~~ 7

R-3534 8

9

CURR	RATE	CHK.	CLASSIFICATION	✓	CODES		DEPT.	REMARKS
	1.92½		Electrician 10-25-0-077			1	3520	
	1.92½		Electrician 10-25-0-077			1	1722	
	1.92½		Electrician 05-25-0-077			14	1724	
	1.92½		Electrician 06-25-0-077			6	1723	
	1.97½	nc	SEP 1 1950					
1.50			COST LIVING ADJ. 08¢					
1.50			COST LIVING ADJ. 13¢					
1.50			COST LIVING ADJ. 16¢					



CROSS FILE CARD

		CLASSIFICATION				
	20¢	6 1 51 GEN'L INC.				
4	51	COST LIVING ADJ. 19¢				
8	51	COST LIVING ADJ. 20¢				
	26¢	6 1 52 GEN'L INC.				